ARMED FORCES TRIBUNAL, PRINCIPAL BENCH, NEW DELHI

APPLICATION FORM FOR GRANT OF LEAVE

CASUAL/EARNED*/COMMUTED/MEDICAL/COMPENSATORY/RESTRICTED HOLIDAY

1. Name of the Applicant _____
2. Designation _____Office/Section _____
3. Period of leave From _____to_____(Total days_____)

   Prefix _____Suffix_____

4. Reason(s) for leave_____

   (a) Whether permission to leave station is required_____

   (b) Leave address during leave with contact No._____

   _____

   _____

5. CL/EL/RH/Half Pay leave availed _____during the current year.
6. Whether MC/FC attached for grant of Commuted Leave Yes/No
7. I propose/do not propose to avail LTC for the block year _____ during ensuing leave.

Date _____ Signature of Applicant

Remarks by Officer-in-Charge

Date:-

CL/EL/RH/Half Pay leave is available to the applicant _____days.

SANCTIONED/NOT SANCTIONED

Signature

Name

Designation

***Joining Report be given/submitted at the time of joining the duty after EL./** Medical